

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295017 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/13/2009 | |
| NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106 | | | |
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| F 000 | <p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the six month recertification survey conducted at your facility on 2/10/09 through 2/13/09.</p> <p>The census at the time was 138. Twenty Four records including three closed records were reviewed.</p> <p>Two complaints were investigated:</p> <p>CPT # 20230 was not substantiated CPT # 20307 was not substantiated (Unrelated deficiencies F202, F328)</p> <p>The findings and conclusions of any investigation of the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> | | | F 000 | | | |
| F 154 SS=D | <p>483.10(b)(3), 483.10(d)(2) NOTICE OF RIGHTS AND SERVICES</p> <p>The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to</p> | | | F 154 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 154 | <p>Continued From page 1</p> <p>ensure residents were fully informed of their health status, medical condition, care, treatment, and/or changes that could affect the resident's well-being for 1 of 24 residents (#9).</p> <p>Findings include:</p> <p>Resident #9</p> <p>Resident #9 was a 64 year old male admitted on 11/5/08, with diagnoses including Hypertension, Urinary Tract Infection, history of Cerebrovascular Accident, Tremors, Dementia, and recent Weight Loss. The resident was primarily Spanish-speaking.</p> <p>Resident #9's Physician Orders dated February 2009, included orders for the following medications:</p> <ul style="list-style-type: none"> - Klonopin/clonazepam 1 mg (milligram) tab (tablet) po BID, - Seroquel/quetiapine fumarate 50 mg 1 po TID (three times a day), and - Prolixin/fluphanazine 5 mg tablet po Q (every) 12 hours PRN (as needed). <p>Resident #9 routinely received the medications Klonopin and Seroquel during the first 12 days of February, 2009 as documented on the Medication Record.</p> <p>Resident #9's medical record lacked documented evidenced of informed consent for the use of psychoactive medications.</p> <p>The resident's medical record did contain informed consent forms for the medications Xanax and Ambien that were not signed and had a hand written note on the forms stating:</p> | F 154 | | | |

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| F 154 | Continued From page 2 | F 154 | | | |
| F 159 SS=D | <p>"12/12/08 Notify Social Service need Public Guardian".</p> <p>483.10(c)(2)-(5) PROTECTION OF RESIDENT FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> | F 159 | | | |

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| F 159 | <p>Continued From page 3</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure appropriate management of resident's funds for 1 of 24 residents (# 6).</p> <p>Findings include:</p> <p>Resident #6</p> <p>Resident #6 was a 67 year old male admitted to the facility on 11/24/08 with diagnoses including Presenile Dementia, Coronary Artery Disease, Depression and Suicidal Ideation.</p> <p>On 2/12/09, the Social Worker (SW) revealed Resident #6 had cash funds locked in the safe in the SW office. The SW stated Resident #6 requested that cash obtained from his apartment be placed in the safe in the SW office. The SW counted the money in the presence of a second social worker and the resident. The total amount according to the handwritten receipt dated 1/20/09 was \$4685.00. The SW stated she did not provide Resident #6 with a receipt for the funds.</p> <p>The hand written receipt included withdrawals of</p> | F 159 | | | |

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| F 159 | <p>Continued From page 4</p> <p>money with the resident's signature but did not include any dates as indicated:</p> <ul style="list-style-type: none"> -\$35 - Advanced Directive -\$5 - (Not accounted for) -\$100 - (Not accounted for) -\$1520 - Funeral Costs, Davis Funeral -\$300 - Shopping <p>According to the SW, the balance of \$2699 in cash, remained locked in the safe in the SW's office.</p> <p>The SW stated she was trying to assist Resident #6 spend down his funds to maintain the resident's Medicaid eligibility. The SW added Resident #6 stated he did not want the money deposited in the bank, therefore she had not deposited this into an interest bearing account.</p> <p>On 2/5/09, Resident #6 signed the Authorization and Agreement to Handle Resident Funds which gave the facility authorization to manage the resident's funds.</p> <p>The statement of Resident #6's Trust Fund account dated 2/11/09 indicated the following:</p> <ul style="list-style-type: none"> -2/05/09 account opened -2/06/09 credit - \$1126 -2/06/09 Care Cost - \$1091 -2/10/09 Personal Needs Item - \$35 -2/10/09 Balance - 0 <p>The facility policy titled Resident Trust Fund dated 2006 revealed:</p> <p>Procedures:</p> <p>"4. Maintaining Documentation</p> <p>Resident Trust Fund documentation is retained in a file labeled by the month. The monthly file needs to contain supporting documentation for</p> | F 159 | | | |

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| F 159 | Continued From page 5 any activity in the Resident Trust Fund and the Resident Petty Cash account including deposits, withdrawals and interest allocations. Also retained in the monthly file are the signed monthly Resident Trust Fund and Resident Petty Cash reconciliation, bank statements and a copy of the Quarterly Statements..." "6. Resident Trust Petty Cash C. The amount of the Resident Trust Petty Cash is \$300.00 or as determined by the RAM and RDO..." "9. Interest Allocation A. All resident funds are deposited in an interest bearing bank account." "15. Notification of Certain Balances A. Residents or their legal representatives are notified in writing when their trust fund balance is within \$200 of the Medicaid eligibility limits. B. A copy of this notification is filed in the resident's financial file..." There was no documented evidence in Resident #6's financial files of official receipts for deposits, withdrawals or that funds were deposited in an interest bearing account. | F 159 | | | |
| F 315 SS=D | 483.25(d) URINARY INCONTINENCE Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. | F 315 | | | |

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| F 315 | <p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure that residents were not catheterized unless the clinical condition demonstrated that catheterization was necessary for 4 of 24 sample residents (#11, #4, #3, #5).</p> <p>Findings include:</p> <p>1) Resident #11</p> <p>Resident #11, a 79 year old female, was originally admitted to the facility on 11/18/08 and readmitted on 1/13/09, with diagnoses including Bacteremia, Duodenal Ulcer, Hypertension, Infection-Staph Aureus, Anemia and Aortic Atresia/Stenosis. Resident #11's original admission orders from the acute care facility dated 11/18/08, revealed a physician's order for the Foley catheter to be discontinued for "no justification for use."</p> <p>The resident was discharged to an acute care facility on 12/25/08, for Altered Mental Status Symptomatology, Anemia and Fever, Bacteremia and Urinary Tract Infection (UTI), according to the acute care facility clinical report dated 12/25/08.</p> <p>Resident #11 was readmitted to the facility with a Foley catheter from the acute care facility on 1/13/09, according to the pre-admission assessment form. The nursing assessment form dated 1/13/09, under the disease/diagnosis section, indicated the resident entered the facility with a UTI. There was no indication under the genitourinary section of the nursing assessment indicating Resident #11 had a Foley catheter and</p> | F 315 | | | |

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| F 315 | <p>Continued From page 7 the indication for its use.</p> <p>Resident #11 was observed 2/10/09 - 2/13/09 to have a Foley catheter with yellow colored urine in the Foley bag.</p> <p>The facility's policy and procedure guidelines for catheters dated 3/2006, indicated that Foley catheters were only to be used in circumstances in which no alternative is available. The policy further indicated that catheters were to be removed as soon as possible when no longer clinically indicated. The policy and procedure guidelines for catheter use also revealed that an Initial Assessment for Bowel and Bladder training form was to be completed, which indicated whether a resident has a Foley catheter and the reason for its use.</p> <p>Resident #11's Initial Assessment for Bowel and Bladder training form dated 1/13/09, lacked documented evidence that the resident had a Foley catheter or the reason for its use. There was no order by the physician for the use of Resident #11's Foley catheter or indications for its use. The resident's care plan lacked documentation regarding the use or care of a Foley catheter for Resident #11.</p> <p>On the morning of 2/13/09, the acting Director of Nurses (DON) indicated that the use of a Foley catheter should have been assessed for Resident #11, per the facility's policy and procedure.</p> <p>The lab results dated on 1/25/09 indicated the following lab results:</p> <table border="0"> <tr> <td>Results</td> <td>Reference</td> </tr> <tr> <td>Range</td> <td></td> </tr> </table> | Results | Reference | Range | | F 315 | | | |
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| F 315 | <p>Continued From page 8</p> <table border="0"> <tr> <td>-Appearance of urine= Cloudy</td> <td>Clear</td> </tr> <tr> <td>-Wbc = greater than >50</td> <td><5</td> </tr> <tr> <td>-Rbc= 0-3</td> <td><3</td> </tr> <tr> <td>-Leukocyte Estrate= 3+</td> <td>Negative</td> </tr> <tr> <td>-Bacteria = few</td> <td>None</td> </tr> </table> <p>A physician's order form dated 1/25/09, revealed a new order for Augmentin 875mg x 10 days for UTI.</p> <p>The facility failed to assess the continued use for Resident #11's Foley catheter upon admission and her continued stay up to 2/13/09. The laboratory results just prior to the resident's admission on 1/11/09 and her lab results collected on 1/25/09 while at the facility, resulted in the physician's order for antibiotic medication for treatment of a UTI on 1/25/09.</p> <p>2) Resident #4</p> <p>Resident #4, a 45 year old male, was readmitted to the facility on 1/29/09, with diagnoses of Human Immunodeficiency Virus, UTI, hx of Cerebrovascular Accident, Hypertension and Congestive Heart Failure. The resident came from an acute care facility with an indwelling Foley catheter.</p> <p>Resident #4 was observed with an indwelling Foley catheter on 2/10/09 and the morning of 2/11/09. The resident was transferred to an acute care facility on 2/11/09, for chest pains.</p> <p>The facility's Initial Assessment for Bowel and Bladder Training form dated 1/29/09, indicated that the resident requested toileting. There was no documentation for the reason for the resident's catheter on the assessment form, nor was there a</p> | | | -Appearance of urine= Cloudy | Clear | -Wbc = greater than >50 | <5 | -Rbc= 0-3 | <3 | -Leukocyte Estrate= 3+ | Negative | -Bacteria = few | None | F 315 | | | |
| -Appearance of urine= Cloudy | Clear | | | | | | | | | | | | | | | | |
| -Wbc = greater than >50 | <5 | | | | | | | | | | | | | | | | |
| -Rbc= 0-3 | <3 | | | | | | | | | | | | | | | | |
| -Leukocyte Estrate= 3+ | Negative | | | | | | | | | | | | | | | | |
| -Bacteria = few | None | | | | | | | | | | | | | | | | |

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| F 315 | <p>Continued From page 9</p> <p>physician's order for its use in the medical record.</p> <p>The interim careplan dated 1/29/09, under the section Foley Catheter, is checked off for "Assess for continued use," however no assessment was conducted. No interventions were documented regarding catheter care or indications for use in the care plan.</p> <p>On the morning of 2/13/09, the acting DON indicated an assessment for the use of the Foley catheter should have been done as indicated in the facility's policy and procedure for catheter care.</p> <p>3) Resident #3</p> <p>Resident #3 was a 25 year old admitted on 12/23/08 with diagnoses including status post Bacteremia, status post Urinary Tract Infection, Quadriplegia, Neurogenic Bowel and Bladder, and Chronic Pain. Resident #3 had a suprapubic catheter in place.</p> <p>On 2/8/09 at 11:30 AM, the Nurse's Notes included the following documentation: "Spoke c (with) MD (physician) regarding suprapubic catheter leaking. per MD sent pt (patient) to UMC (University Medical Center) to change suprapubic catheter". The physician's telephone order dated 2/8/09, documented the following: "send pt (patient) to UMC to change suprapubic Foley d/t (due to) Foley leaking."</p> <p>On 2/8/09 at 3:08 PM, a nursing reassessment note from a UMC emergency room nurse included the following documentation: "Received pt from EMS (emergency medical service) awake, oriented, cooperative c/o (complained of) pain (6 out of 10) and leaking suprapubic catheter. Pt.</p> | F 315 | | | |

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| F 315 | <p>Continued From page 10</p> <p>came from nursing home and sts (states) his catheter has not been changed for 6 wks (weeks). Initial nsg (nursing) assessment done and v/s (vital signs) checked."</p> <p>On 2/8/09 at 3:10 PM, a nursing reassessment note from a UMC emergency room nurse included the following documentation: "Insertion site of suprapubic catheter with yellowish discharges and bsb (bedside bag) with cloudy urine."</p> <p>On 2/8/09 at 4:50 PM, a UMC laboratory urinalysis specimen included the following abnormal findings: Reference</p> <table border="0"> <tr> <td>- "Appearance SI (slightly) cloudy"</td> <td>clear</td> </tr> <tr> <td>- "Leukocyte esterase Trace"</td> <td>negative</td> </tr> <tr> <td>- "Nitrite Positive"</td> <td>negative</td> </tr> <tr> <td>- "Protein 2+"</td> <td>negative</td> </tr> <tr> <td>- "Blood 3+"</td> <td>negative</td> </tr> <tr> <td>- "WBC 5 - 10"</td> <td>0 - 8</td> </tr> <tr> <td>- "RBC 50 - 99"</td> <td>0 - 3</td> </tr> <tr> <td>- "Squamous epithelial Few"</td> <td>none</td> </tr> <tr> <td>- "Bacteria Few".</td> <td>none</td> </tr> </table> <p>On 2/8/09 at 7:44 PM, the UMC physician noted the following diagnoses: "Primary: Urinary Catheter Change" and "Secondary: UTI (urinary tract infection)."</p> <p>On 2/8/09 at 10:45 PM, the Nurse's Notes included the following documentation: "pt returned from UMC - d/c (discharge summary) states pt c (with) UTI (urinary tract infection), given Cipro & (and) to cont (continue)..."</p> <p>On 2/13/09 at 1:20 PM, an LPN (licensed practical nurse) indicated Resident #3 told the</p> | - "Appearance SI (slightly) cloudy" | clear | - "Leukocyte esterase Trace" | negative | - "Nitrite Positive" | negative | - "Protein 2+" | negative | - "Blood 3+" | negative | - "WBC 5 - 10" | 0 - 8 | - "RBC 50 - 99" | 0 - 3 | - "Squamous epithelial Few" | none | - "Bacteria Few". | none | F 315 | | |
| - "Appearance SI (slightly) cloudy" | clear | | | | | | | | | | | | | | | | | | | | | |
| - "Leukocyte esterase Trace" | negative | | | | | | | | | | | | | | | | | | | | | |
| - "Nitrite Positive" | negative | | | | | | | | | | | | | | | | | | | | | |
| - "Protein 2+" | negative | | | | | | | | | | | | | | | | | | | | | |
| - "Blood 3+" | negative | | | | | | | | | | | | | | | | | | | | | |
| - "WBC 5 - 10" | 0 - 8 | | | | | | | | | | | | | | | | | | | | | |
| - "RBC 50 - 99" | 0 - 3 | | | | | | | | | | | | | | | | | | | | | |
| - "Squamous epithelial Few" | none | | | | | | | | | | | | | | | | | | | | | |
| - "Bacteria Few". | none | | | | | | | | | | | | | | | | | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

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| F 315 | <p>Continued From page 11</p> <p>"night nurse something was wrong" with his catheter on the night shift of 2/8/09. The LPN reported Resident #3 "knows if something is wrong" and the resident returned from UMC on the evening of 2/8/09 with "a UTI."</p> <p>On 2/13/09 at 1:25 PM, an LPN revealed suprapubic catheter care was performed by the "wound care nurse on days." At 1:35 PM, the Wound Care nurse stated suprapubic catheter care was completed every shift, "the nurses do it, RNs (registered nurse) and LPNs (licensed practical nurse)."</p> <p>Resident #3's Physician's Orders for February 2009, listed the following: "Supra Pubic Catheter Care Per Protocol."</p> <p>Resident #3's "Comprehensive Plan of Care" dated 1/26/09, identified "...Suprapubic Catheter...at Risk for Increased Urinary Tract (sp) Infections" as a "...Problem/Need". The plan of care listed the following as "Approach #5" (intervention): "Cath. care per order."</p> <p>Resident #3's February, 2009 Medication Record lists "Supra Pubic Catheter Care Per Protocol." There was no documented evidence suprapubic catheter care was provided for the first 13 days of February, 2009.</p> <p>4) Resident #5</p> <p>Resident #5 was originally admitted on 9/27/04 and re-admitted on 11/1/08 with diagnoses including Congestive Heart Failure, Urinary Tract Infection, Chronic Kidney Disorder, Diabetes, Retention of Urine, and Hypertension.</p> | F 315 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
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| F 315 | Continued From page 12 Resident #5's Daily Skilled Nursing Notes dated 11/2/08 and the Weekly Nursing Summary dated 11/7/08 documented the resident had an indwelling Foley catheter. The initial Physician's Orders form dated 11/1/08 revealed the treatment section for Foley catheters was blank. There was no documented evidence the physician ordered an indwelling Foley catheter for Resident #5. There was no documented evidence of physician ordered maintenance and care for Resident #5's indwelling Foley catheter until 3 weeks later on 11/24/08. There was no documented evidence that a care plan for Foley care and maintenance was initiated for Resident #5. | F 315 | | | |
| F 325 SS=D | 483.25(i) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: | F 325 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

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| F 325 | <p>Continued From page 13</p> <p>Based on observation, interview and record review, the facility failed to maintain weight and protein levels at acceptable parameters and ensure a therapeutic diet for 2 of 24 residents (# 1, #15).</p> <p>Findings include:</p> <p>1) Resident #1</p> <p>Resident #1 was a 51 year old female admitted to the facility on 11/19/08 with diagnoses including Fracture of the Femur, Pressure Ulcers, Schizophrenia and Bipolar Disorder.</p> <p>Weekly weight record revealed:</p> <p>11/26/08 - 93.1 pounds 12/05/08 - 89.1 pounds 12/10/08 - 87.1 pounds 12/23/08 - 84.2 pounds 12/31/08 - 80.4 pounds 01/07/09 - 83.2 pounds 01/13/09 - 84.1 pounds 01/22/09 - 84.4 pounds 01/27/09 - 85.2 pounds 02/05/09 - 84.6 pounds</p> <p>Dietary Assessment Dated 11/26/08 revealed</p> <ul style="list-style-type: none"> - Height - 61 inches -Weight - 97.8 pounds - Ideal Body Weight (IBW) range - 105 +/- 10% - 89% IBW <p>Plan:</p> <ul style="list-style-type: none"> - Regular diet - Whole milk and Healthshake every meal - Snack twice a day of healthshake and cookies - 2 dry cereal and 2 whole milk with every breakfast - MVI (multivitamin) with minerals | F 325 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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| F 325 | <p>Continued From page 14</p> <p>Dietary Progress Notes revealed the following: 12/18/08 - "> 10% wt (weight) loss in < 1 month. Severe decrease in underweight patient..." "Severe weight loss..." "Plan : Continue Healthshake with every meal" - "Megace 400 milligrams bid (twice a day)" - " 8 ounces of juice at 10 am, 3 PM and 8 PM."</p> <p>1/8/09 "Res (Resident) has a CBW (Calculated Body Weight) of 83.2 # (pounds) (1/7/09) shows a variance of Increase of 2.8# (3.5%) x (times) 1 week, decrease 5.9# (6.6%) since beginning of December 2008 and decrease of 14.6# (14.9%) since admit weight on 11/20/09..." - "Labs drawn 1/1/09 show pre-alb (albumin) borderline normal but creatinine, BUN (Blood Urea Nitrogen), Total Protein are all below normal limits. Resident was started on Megace and appetite is showing a slight improvement....Dietary to continue POC (Plan of Care) since there appears to be mild improvement."</p> <p>There were no Dietary Progress Notes for February.</p> <p>Physician order's included the following: - 12/18/08 Megace 400 mg bid - 01/01/09 Increase Megace to 400 mg tid (three times a day) for 1 week - 01/11/09 Ensure 1 can tid (three times a day) x 10 days</p> <p>Documentation on the Medication Administration (MAR) Sheet revealed: - Megace given as ordered but discontinued on 1/9/09. No orders obtained to restart medication twice a day, in spite of resident's low weight and</p> | F 325 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
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| F 325 | <p>Continued From page 15</p> <p>appetite.</p> <ul style="list-style-type: none"> - Ensure 1 can given on 1/12/09 at 4:00 PM; 1/14/09 at 4:00 PM; 1/19 at 8:00 am & 4:00 PM only. - Ensure not available on 1/13 and 1/20. - No documented evidence that Ensure was given on the other days as ordered. <p>Documentation on the Diet /Nourishment Consumption Record dated January 2008 and February 2008 revealed:</p> <ul style="list-style-type: none"> - Resident #1 consistently consumed < 75% of her meals. - No documentation Resident #1 received and drank the healthshakes at each meal. <p>On 2/11/09 in the morning, the Dietician and Dietary Technician revealed that Resident #1 was no longer followed by dietary since she had demonstrated a slight increase in weight. The dietary technician indicated the dietary department received information regarding the resident's intake primarily from the dietary aides who assisted the residents. If the resident's intake was consistently low, the dietary aide would notify the dietician for further follow up. According to the dietary technician, the dietary aides had not notified the dietary technician that Resident #1's intake was low.</p> <p>On 2/11/09 in the afternoon, Resident #1 was lying flat in bed on her back. An open can of Ensure was on the bedside table. Resident #1 stated she could not reach the Ensure and asked for assistance so she could drink the supplement. A CNA (Certified Nursing Assistant) entered the room to assist Resident #1. Resident #1 took a couple of sips of the Ensure, and then requested to lie flat in bed again.</p> | F 325 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

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| F 325 | Continued From page 16 On 2/12/09 at 11:30 AM, Resident #1 was in the Resident Assistance Dining Room. Resident #1 consumed 1 1/2 bowls of cereal and 2/3 of the Healthshake. Resident #1 did not eat any other food that was offered including beef tips, vegetables or rice. 2) Resident #15 Resident #15 was a 57 year old male readmitted to the facility on 11/7/08 with diagnoses including Peripheral Vascular Disease, Chronic Obstructive Pulmonay Disease, Diabletes and Chronic Pain. The resident had a recorded weight of 165 lbs (pounds) on 12/16/08. His next recorded weight, 1/8/09, was 156 lbs. His "Diet/Nourishment Consumption Record" contained no entries from 1/1/09 through 1/22/09. The Problems area of his Care Plan documented the weight loss. However, the Goals and Approaches areas of the Care Plan were not updated to include the introduction of weekly weights nor the fact the resident had a brace removed. His Care Plan contained a Problem area of Constipation. However, there was no documented evidence this need was correlated to the weight loss, as indicated in an interview with the Dietary Manager on 2/13/09. | | | F 325 | | | |
| F 328 SS=D | 483.25(k) SPECIAL NEEDS The facility must ensure that residents receive | | | F 328 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
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| F 328 | <p>Continued From page 17</p> <p>proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure appropriate monitoring of residents' respiratory status on 2 of 24 residents (# 22, #5).</p> <p>Findings include:</p> <p>Facility policy titled Pulse Oximetry dated 3/2006 revealed: Procedures: "8. Document saturation levels at least every two hours or as directed by physician...." "9. Document the following information in the medical record: A. Date and time of the procedure. B. Results obtained. C. FiO2 (Fractional Inspired Oxygen) and type of oxygen delivery device..."</p> <p>1) Resident #22</p> <p>Resident #22 was an 80 year old female admitted to the facility on 10/23/08 with diagnoses including Coronary Artery Disease, Renal Insufficiency, Dementia and Congestive Heart</p> | F 328 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| | | | | | |
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| F 328 | <p>Continued From page 18</p> <p>Failure.</p> <p>Physician's orders dated 10/23/08 indicated:</p> <ul style="list-style-type: none"> - Oxygen via nasal cannula to maintain SPO2 (pulse oximetry saturation) greater than or equal to 92%. <p>Medication Administration Record (MAR) dated October 2008 and November 2008 revealed:</p> <ul style="list-style-type: none"> - The nurses initialed that the SPO2 was monitored every shift - There was no documentation of the SPO2 value - There was no documentation that SPO2 was monitored on the following days: <p>10/27 - 11-7 shift 10/28 - 11-7 shift 10/29 - 11-7 and 3-11 shift 10/30 - all day 10/31 - all day 11/1 - 3-11 shift 11/2 - 3-11 shift 11/5 - 3-11 shift 11/9 - 7-3 and 3-11 shift 11/9 - 7-3 and 3-11 shift.</p> <p>Nurse's notes dated 11/10/08 at 3:00 PM revealed " Pt (patient) confused, skin pale, respirations 24, Rales and Rhonchi. O2 Sat (Oxygen Saturation) 89% on RA (Room Air) Marked pedal edema."</p> <p>Physician's orders dated 11/10/08 revealed a telephone order to transfer the resident to UMC (University Medical Center) for respiratory evaluation and possible congestive heart failure.</p> <p>On 2/13/09 in the morning, the DON (Director of Nurses confirmed that saturation levels should be documented when pulse oximetry levels were</p> | F 328 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
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| F 328 | Continued From page 19 taken. 2) Resident #5 Resident #5 was originally admitted on 9/27/04 and re-admitted on 11/1/08 with diagnoses including Congestive Heart Failure, Urinary Tract Infection, Chronic Kidney Disorder, Diabetes, Retention of Urine, and Hypertension. Physician's orders dated 11/2/08, for Resident #5, documented: -"...O2 (Oxygen) at 2L/MN (Liters Per Minute) via nasal cannula. Keep PO4 +> 92% (Greater than) PRN (As Needed). Maintain at 95 - 96%..." Resident #5's January 2009 Medication Record had only the nurses initials documented and not saturation levels for each shift. On 2/13/09 in the morning, the Director of Nursing confirmed that saturation levels should be documented when pulse oxygenation levels were being taken. | F 328 | | | |
| F 371 SS=E | 483.35(i) SANITARY CONDITIONS The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions | F 371 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
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| F 371 | Continued From page 20 This REQUIREMENT is not met as evidenced by: Based on observations the facility failed to ensure food was stored, prepared and distributed under sanitary conditions. Findings include: During the initial kitchen tour in the morning of 2/10/09 the following was observed: - Raw ground meat was stored next to cooked sliced turkey in the "reach - in" refrigerator. - The temperature taken on the cottage cheese and milk, stored in the "reach - in" refrigerator, was 52 degrees F (Fahrenheit). - The meat slicer was stored containing food debris. - The scoops were in the flour and sugar bins. - There was no hot water in the "vegetable prep sink". - There was no hand soap at the dish room hand sink. | F 371 | | | |
| F 465 SS=D | 483.70(h) OTHER ENVIRONMENTAL CONDITIONS The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility | F 465 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2009
FORM APPROVED
OMB NO. 0938-0391

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 465 | <p>Continued From page 21</p> <p>failed to ensure a sanitary and comfortable environment for residents, staff and the public.</p> <p>Findings include:</p> <p>1) Unsampld Resident</p> <p>On 2/10/09 at 8:55 AM during the facility tour, a strong odor of feces was detected outside room 63 in the D hall. On the bedside table of bed 63B was a bedpan containing a large amount of brown, formed feces. The registered nurse providing the tour told a nursing assistant to assist the resident in 63B. A nursing assistant entered room 63 and left room 63 without emptying the bedpan.</p> <p>On 2/10/08 at 9:04 AM, a second nursing assistant entered room 63, picked up the bedpan containing the feces, and emptied the contents of the bedpan into the toilet.</p> <p>2) Resident #10</p> <p>Resident #10 was a 68 year old admitted on 1/24/08, with diagnoses including the following Diabetes Mellitus, Urinary Tract Infection, Urinary Retention, and Deconditioning.</p> <p>On 2/10/09 at 4:15 PM, Resident #10 reported smelling "things" like "poop and pee". Resident #10 indicated "strong smells" were detected near the social worker's office.</p> <p>3) Resident #19</p> <p>Resident #19 was a 51 year old admitted on 9/11/08, with diagnoses including the following Pressure Ulcer, Paraplegia, and General Muscle</p> | F 465 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 465 | <p>Continued From page 22</p> <p>Weakness.</p> <p>On 2/11/09 at 2:45 PM, Resident #19 reported the hallway outside his room smelled like "pee". "Why can't they do something about it?" The urine smell was described to occur "mostly in the day time".</p> <p>Observations</p> <p>On 2/10/09 at 10:40 AM, a strong smell of urine was detected at the Side 2 nurse's station.</p> <p>On 2/11/09 at 8:30 AM, a strong smell of urine was detected outside room 46, near the social worker's office.</p> <p>On 2/12/09 at 10:00 AM, a strong smell of urine was detected at the Side 2 nurse's station.</p> | F 465 | | | |